SUBMIT: COMPLETED APPLICATION, TAX Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

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APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN

Dath Damp Geod of County County

Permit #: Date: Refund: Amount Paid: 15 SIA 0.00-10 P P DAY. 200 5-18-12 CREET CREET

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN IS

Bayfield Co. Zoning Band

MAY 18 2012

OTRET: (explain) FAILURE TO OBTAIN A PERMIT OF STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES FAILURE TO OBTAIN A PERMIT OF STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) are face) incoviding any accompanying information in face) incoviding and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which	. •				Winnicipal Osc				☐ Commercial Use			X Residential Use			3.300000	Proposed Use	Proposed Construction:	Existing Structure: (if permit being applied for is relevant to it)			 		г - ,	XXIII	ion e &	Won-Shoreland	C	☐ Shoreland —▶ ☐ Cre		Section 1	N DAR A	SW) 11. SF	PROJECT Lega		rson 🐆	tractor:	IIIOO Fuod	OM Wacker	YPE OF PERMIT REQUESTED
FAIL cation (including any acc	2 6	1.	□ Spe		1	┼—		□ Bun						Resid	500 500 800	•	n.	permit being appli		Property	Relocate (existing bldg)	Conversion	☐ Addition/Alteration	X New Construction	Project (What are you applying for)		e i obci cy) rain a	Creek or Landward side of Floodplain?	Property/Land w	Township 48	9 PZ93		Legal Description: (U		Signing Application on behalf of Owner(s))		5		TED
URE TO OBTAIN A PERMIT or:	ar: (explain)	Conditional Use: (explain)	Special Use: (explain)	Casol A management	Accessory Building (specify) 1018	1-	Mobile Home (manufactured date)	Bunkhouse w/ (\square sanitary, or \square sleeping quarters, or \square cooking & food prep facilities)	with Attached Garage	with (2 nd) Deck	with a Deck	with a Porch	with Loft	Residence (i.e. cabin, hunting shack, etc.)	Principal Structure (first structure on property)			ed for is relevant to it)	_ sold or		Basement No Basement		-	X21-Story	# of Stories and/or basement		***	Lake.	iver, s	N, Range 8 W		Gov't Lot Lot(s) C	(Use Tax Statement) 04-				H ==	Q. C. Midill	
STARTING CONSTRUCTION					n/Alteration (specify)		idate)	r □ sleeping quarters,	Garage				The state of the s	g shack, etc.)	ucture on property)	Proposed Structure	Length: 7	Length:	-				X Year Round	☐ Seasonal	Use		If yescontinue ->	Pond or Flowage	eam (incl. Intermittent)	Tron.	Town of:	CSM Vol & Page	04-024-2-47-08		_	Contractor Phone: Plus	Zive	Carle Annes	Address:
WITHOUT A PERN						.		or Cooking 8					and the second s			В	2				None	J			# of bedrooms			Distance Structure	Distance Structure	Pi ver		Lot(s) No.	-H-11-		nt Mailing Addr	Plumber:	UI	AR IX	City/State/i
AIT WILL RESULT IN								tood prep facili		, v. C	,		The state of the s				Width:		None	1	Portable (Sanitary (- 1		Sev H			ture is from Shoreline :	ture is from Shoreline :			Block(s) No.	0000-60		Agent Mailing Address (include City/State/Zip):	ググ	24847	icello	늉
PENALTIES						122		ties) (┼							Din	26			roilet	ervice con	Sanitary (exists) specify	victo Specify Type:	1	What Type of Sewer/Sanitary System is on the property?		feet		"		Lot Size	Subdivision:	Volume 75	9	State/Zip):		47	MM SS3	
	×	×	X }		× :		× >	× ×			×	× >	< >	x x	×)	imensions	Height:	Height:			act)	Ited (min 200 gallon)	Type:		of System erty?		No	□ Yes	ls Property in codplain Zone?	40	Acrea		5 3 Page(s)_	Attached Pes	Written	Plumber Phone:	612-418	362 768-295 Cell Phone:	Telephone:
						7254						- Annual Principles				Square Footage]				丄	N Wei	□ City	Water		X		Are Wetlands	0	ge		(s) 115	Attached Yes No (i.e. Property Ownership)	Written Authorization	Phone:	119-3543	795-1968 1815-1968	

Rec'd for Issualice Date

Owner(s):

(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Address to send permit_

Social Control

Attach
Copy of Tax Statement
If you recently purchased the property send your Recorded Deed

131/5

Signature of inspector: Hold For Sanitary:	Was Parcel Legally Created 以Yes □ No Was Proposed Building Site Delineated 以Yes □ No Inspection Record: WASA) おしな はなれられ り たんれ ち	ot Yes	other to the placement or construction of a structure within ten (10) feet other previously surveyed corner or marked by a licensed surveyor at the Prior to the placement or construction of a structure more than ten (10) one previously surveyed corner to the other previously surveyed corner to the other previously surveyed corner, marked by a licensed surveyor at the owner's expense. (9) Stake or Mark Proposed Locati NOTICE: All Land Use Per For The Construction Of New One The local	Setback from the West Lot Line Setback from the East Lot Line Setback to Septic Tank or Holding Tank Setback to Drain Field Setback to Bring (Portable Composting)	Setback from the Centerline of Platted Road Setback from the Established Right-of-Way Setback from the North Lot Line Setback from the South Lot Line	Note - General But Description	N X ROLL			(1) Show location of: Proposed (2) Show / Indicate: North (N) (3) Show Location of (*): (*) Drives (4) Show: All Existin (5) Show: (*) Well (6) Show any (*): (*) Wetla (7) Show any (*): (*) Wetla (*) Wetla (*) Wetla (*) Show any (*): (*) Wetla (*) Wetla (*) Show any (*): (*) Wetla
Hold For Affidavit: Hold For Fees:	THE WON-IIIN	For ideal content For bedrooms: For bedr	rek, the boundary line from which the strom the minimum required setback thy use of a corrected compass from a ction, Septic Tank (ST), Draction, Septic Tank (ST) and the Date of Issuance it ALL Municipalities Are Require or Federal agencies may a te or Federal agencies may a	Feet Feet Feet	POO Feet Setback from the Lake (ordinary high-water ma	Octioning) Changes in plans must be approved e closest point) Measurement Description	PRIVY EXPINE	100 COOP - 100 J	0	North (N) on Plot Plan (*) Driveway and (*) Frontage Road (Name Frontage Road) (*) LExisting Structures on your Property (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P) (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond (*) Wetlands; or (*) Slopes over 20%
Date of Applical:	Owner		which the setback must be measured must be visible from m which the setback must be measured must be visible from 500 feet of the proposed site of the structure, or must be ding Tank (HT). Privy (P), and Well (W). Use has not begun. The Uniform Dwelling Code. its.		igh-water mark) Feet reek Feet Feet Feet Feet	t be approved by the Planning & Zoning Dept. Measurement	40reu	4 - Power 888.	18 1 July 1	T) and/or (*) Privy (P)